DOCUMENT RESUME

ED 314 217 PS 018 601

TITLE Growing Up Drug Free: A Parent's Guide to Prevention.
INSTITUTION Department of Education, Washington, DC.
PUB DATE 89
NOTE 67p.; Colored borders, drawings, and photos, and text printed on tinted paper may not film well.
AVAILABLE FROM Growing Up Drug Free, Pueblo, CO 81009; National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852; or call Department of Education, 1-800-624-0100 (1-301-732-3627 in the Washington, DC area).
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Communication Skills; Community Involvement; *Drug Abuse; Drug Education; Drug Use; Educational Resources; Family School Relationship; Guidelines; Human Resources; Identification; *Learning Activities; *Parent Participation; *Parent Responsibility; *Parent Role; *Prevention
IDENTIFIERS *Drugs

ABSTRACT

This handbook of information designed to help parents keep their children drug free outlines what children should know about drugs and suggests family activities to reinforce children's motivation to avoid drugs, including alcohol. The initial section provides general guidelines for talking with children about addictive substances. Discussion focuses on teaching values, setting and enforcing rules against the use of drugs, getting the facts about drugs, and talking with and listening to one's child. A quiz, with answers, supplements the discussion. The handbook lists ways parents can make their messages about drugs more effective for children at the age levels of preschool, kindergarten-grade 3, grades 4-6, grades 7-9, and grades 10-12. Specifications of what children should know at various ages and suggested activities for each age level are included. Additional information is provided on what to do if one's child is using drugs, ways to get involved in drug prevention programs, parents' role in making prevention programs work, and specific drugs and their effects. Alcohol, tobacco, cannabis, inhalants, cocaine, stimulants, depressants, hallucinogens, narcotics, designer drugs, and anabolic steroids are discussed. Concluding sections list resources for additional help and information. The text is illustrated with children's crayon drawings and color photographs. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED314217

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

A Parent's Guide To Prevention

PS018601

BEST COPY AVAILABLE

GROWING UP DRUG FREE:
A Parent's Guide to Prevention

U. S. DEPARTMENT OF EDUCATION
WASHINGTON, DC

Original artwork in this booklet was created by the following students at Oakview Elementary School, Fairfax County, Virginia:

Katie Bell
cover

Carrie Venable
page 1

Lindsay Simpson
page 9

Lauren DeAngelis
page 14

Michael Parker
page 25

Uma Rao
page 27

Sarah Heggestad
page 41

Allen Madison
page 49

Artwork on page 16 by Gretchen Fair
Tilden Elementary School
Rockville, Maryland

Artwork on page 21 by Alison K. Babusci
Schenley High School Tech Center
Pittsburgh, Pennsylvania

Photos on pages 22 and 23 courtesy of the Office of the Attorney General, State of California and the U. S. Drug Enforcement Administration
Photo on page 12 by Paul Robert Perry/Uniphoto
Photo on page 26 by Frank Siteman/Uniphoto

Lauro F. Cavazos, Secretary of Education

All Americans know that there is a serious alcohol and drug problem in our country today, and many of us are concerned about how it may affect our own families. As parents, we want the best for our children. We want them to grow up healthy, educated to their fullest potential, and ready to meet the challenges of the future. But we may feel powerless before the threat that drugs pose for our children and for our communities.

Fortunately, there is a lot we can do to protect our children from drugs. Family values and standards opposed to drug use, strong bonds between parents and children, and open communication all promote healthy development and lessen the chances that young people will use drugs. Remarking on the importance of the family role in preventing drug use, President Bush has said:

> *Drug education doesn't begin in class. . . . It must begin at home and in the neighborhood. Parents and families must set the first example of a drug-free life. And when families are broken, caring friends and neighbors must step in.*
>
> *(televised address to the Nation, 9/5/89)*

In addition, we can give our children the straight facts about alcohol and other drugs and the harm they can cause. Two of the most effective prevention tools are awareness of the problem and knowledge of ways to help motivate our children to resist the pressure to use alcohol and other drugs.

The purpose of this handbook is to help families take an active role in drug prevention *before* they have a problem. Drawing on the advice of experts in drug prevention and in child development, the handbook outlines what children at four key stages of development should know about drugs and suggests family activities to reinforce children's motivation to avoid alcohol and other drugs.

Much of what we talk about here is rooted in common sense, and many parents may already be doing these or other things. If so, I urge you to continue your efforts and to look for new ways to share the message that drug use is wrong and harmful. If you have not yet had family discussions about alcohol and other drugs, I hope this handbook will encourage you to begin.

As an educator, I know the value of helping people to bring about change through knowledge and information. As a parent, I know that we *can* make a difference in our children's lives.

Introduction

Child rearing is one of the most important tasks anyone ever performs, and the one for which there is the least preparation. Most of us learn how to be parents through on-the-job training and by following the example that *our* parents set.

Today the widespread use of alcohol and other drugs subjects our children, families, and communities to pressures unheard of 30 or 40 years ago. Frankly, many of us need help to deal with this frightening threat to our children's health and well-being.

Recent surveys show that we are making progress in our national battle against some drugs. Casual use is declining, attitudes are changing, and we know more about what works to prevent drug use by our young people.

As parents, we can build on that progress in our own families by having strong, loving relationships with our children, by teaching standards of right and wrong, by setting and enforcing rules for behavior, by knowing the facts about alcohol and other drugs, and by really listening to our children.

Teaching Values

Every family has expectations of behavior that are determined by principles and standards.

These add up to "values." Children who decide not to use alcohol or other drugs often make this decision because they have strong convictions against the use of these substances—convictions that are based in a value system. Social, family, and religious values give young people reasons to say no and help them stick to their decisions.

Here are some ways to help make your family's values clear:

- *Communicate values openly.* Talk about why values such as honesty, self-reliance, and responsibility are important, and how values help children make good decisions. Teach your child how each decision builds on previous decisions as one's character is formed, and how a good decision makes the next decision easier.

- *Recognize how your actions affect the development of your child's values.* Simply stated, children copy their parents' behavior. Children whose parents smoke, for example, are more likely to become smokers. Evaluate your own use of tobacco, alcohol, prescription medicines, and even over-the-counter drugs. Consider how your attitudes and actions may be shaping your child's choice about whether or not to use alcohol or other drugs.

This does not mean, however, that if you are in the habit of having wine with dinner or an occasional beer or cocktail you must stop. Children can understand and accept that there are differences between what adults may do legally and what is appropriate and legal for children. Keep that distinction sharp, however. Do not let your children be involved in your drinking by mixing a cocktail for you or bringing you a beer, and do not allow your child to have sips of your drink.

- *Look for conflicts between your words and your actions.* Remember that children are quick to sense when parents send signals by their actions that it's all right to duck unpleasant duties or to be dishonest. Telling your child to say that you are not at home because a phone call comes at an inconvenient time is, in effect, teaching your child that it is all right to be dishonest.

- *Make sure that your child understands your family values.* Parents assume, sometimes mistakenly, that children have "absorbed" values even though they may be rarely or never discussed. You can test your child's understanding by discussing some common situations at the dinner table; for example, "What would you do if the person ahead of you in line at the theater dropped a dollar bill?"

Setting and Enforcing Rules Against the Use of Alcohol and Other Drugs

As parents, we are responsible for setting rules for our children to follow. When it comes to alcohol and other drug use, strong rules need to be established to protect the well-being of a child.

Setting rules is only half the job, however; we must be prepared to enforce the penalties when the rules are broken.

- *Be specific.* Explain the reasons for the rules. Tell your child what the rules are and what behavior is expected. Discuss the consequences of breaking the rules: what the punishment will be, how it will be carried out, how much time will be involved, and what the punishment is supposed to achieve.
- *Be consistent.* Make it clear to your child that a no-alcohol/no-drug-use rule remains the same at all times—in your home, in a friend's home, anywhere the child is.
- *Be reasonable.* Don't add new consequences that have not been discussed before the rule was broken. Avoid unrealistic threats such as, "Your father will kill you when he gets home." Instead, react calmly and carry out the punishment that the child expects to receive for breaking the rule.

Getting the Facts

As parents, we need to know about alcohol and other drugs so that we can provide our children with current and correct information. If we have a working knowledge of common drugs—know their effects on the mind and body, and the symptoms of their use—we can discuss these subjects

Children and Alcohol

Parents who are clear about not wanting their children to use illicit drugs may find it harder to be tough about alcohol. After all, alcohol is legal for adults, many parents drink, and alcohol is a part of some religious observances. As a result, we may view alcohol as a less dangerous substance than other drugs. The facts say otherwise:

- **4.6 million teenagers have a drinking problem.**
- **4 percent of high school seniors drink alcohol every day.**
- **Alcohol-related accidents are the leading cause of death among young people 15 to 24 years of age.**
- **About half of all youthful deaths in drowning, fires, suicide, and homicide are alcohol-related.**
- **Young people who use alcohol at an early age are more likely to use alcohol heavily and to have alcohol-related problems; they are also more likely to abuse other drugs and to get into trouble with the law.**
- **Young people whose body weight is lower than adults reach a higher blood alcohol concentration level than adults and show greater effects for longer periods of time.**

Facts on Tobacco

We know that smokers are 10 times as likely as nonsmokers to develop lung cancer and 3 times as likely to die at early ages from heart attack. In fact, in 1985, smoking was the leading cause of early death among adults. Nicotine, the active ingredient in tobacco, is as addictive as heroin, and fewer than 20 percent of smokers are able to quit the first time they try. Despite these facts, many children use these products.

- **18 percent of high school seniors are daily smokers; 11 percent smoke 10 or more cigarettes per day.**
- **Young people who use cigarettes are also at great risk for all other drug use.**
- **70 percent of all children try cigarettes, 40 percent of them before they have reached high school.**
- **Cigarettes contain more than 4,000 harmful substances, several of which cause cancer.**
- **12 percent of boys and 1 percent of girls have chewed tobacco or used snuff. Smokeless tobacco is just as addictive and harmful as tobacco that is smoked.**

intelligently with our children. In addition, well-informed parents are better able to recognize if a child has symptoms of alcohol or drug-related problems:

At a minimum, you should:

— know the different types of drugs and alcohol most commonly used and the dangers associated with each;

— be able to identify paraphernalia associated with each drug;

— be familiar with the street names of drugs;

— know what drugs look like;

— know the signs of alcohol and other drug use and be alert for changes in your child's behavior or appearance;

— know how to get help promptly if you suspect your child may be using alcohol and other drugs.

For current information on alcohol and other drug use, the resource section in this guide can help direct parents to clearinghouses, drug and alcohol prevention organizations, and parent groups—to name a few.

A Quiz for Parents

1. What is the most commonly used drug in the United States?

   (a) heroin (b) cocaine (c) alcohol (d) marijuana

2. Name the three drugs most commonly used by children.
3. Which drug is associated with the most teenage deaths?
4. Which of the following contains the most alcohol?

   (a) a 12-ounce can of beer (b) a cocktail (c) a 12-ounce wine cooler (d) a 5-ounce glass of wine (e) all contain equal amounts of alcohol.

5. Crack is a particularly dangerous drug because it is:

   (a) cheap (b) readily available (c) highly addictive (d) all of the above

6. Fumes from which of the following can be inhaled to produce a high:

   (a) spray paint (b) model glue (c) nail polish remover (d) whipped cream canisters (e) all of the above

7. People who have not used alcohol and other drugs before their 20th birthday:

   (a) have no risk of becoming chemically dependent (b) are less likely to develop a drinking problem or use illicit drugs (c) have an increased risk of becoming chemically dependent.

8. A speedball is a combination of which two drugs?

   (a) cocaine and heroin (b) PCP and LSD (c) valium and alcohol (d) amphetamines and barbiturates

9. Anabolic steroids are dangerous because they may result in:

   (a) development of female characteristics in males (b) development of male characteristics in females (c) stunted growth (d) damage to the liver and cardiovascular system (e) overaggressive behavior (f) all of the above

10. How much alcohol can a pregnant woman safely consume?

    (a) a 6-ounce glass of wine with dinner (b) two 12-ounce beers each day (c) five 4-ounce shots of whiskey a month (d) none

(answers on page 6)

Answers

1. (c) Because it is legal for adults and widely accepted in our culture, alcohol is the drug most often used in the United States.

2. Alcohol, tobacco, and marijuana. These are the "gateway" drugs, drugs that children are first exposed to and whose use often precedes use of other drugs.

3. Alcohol. More than 10,000 teenagers died in alcohol-related traffic accidents in 1986; 40,000 more were injured.

4. (e) All four contain approximately 1.5 ounces of alcohol.

5. (d) Small quantities of crack can be bought for as little as $5.00. The low price makes it easily affordable to young people. In addition, crack is thought to be one of the most addictive drugs.

6. (e) Virtually anything that emits fumes or comes in aerosol form can be inhaled to obtain a high.

7. (b) Early use of alcohol and other drugs—often by age 15 or less—is strongly associated with drug-related problems such as addiction.

8. (a) Combining cocaine and heroin is increasingly popular as a way of trying to lessen or control bad side effects.

9. (f) Steroid users subject themselves to more than 70 side effects. The liver and cardiovascular and reproductive systems are most seriously affected by steroid use. In females, irreversible masculine traits can develop. Psychological effects in both sexes can cause very aggressive behavior and depression.

10. (d) Medical researchers have not established any safe limits for alcohol intake during pregnancy.

Talking with and Listening to Your Child

Many parents hesitate to discuss alcohol and other drug use with their child. Some of us believe that our children couldn't become involved with illegal substances. Others delay because we don't know what to say or how to say it, or we are afraid of putting ideas into our children's heads.

Don't wait until you think your child has a problem. Many young people in treatment programs say that they had used alcohol and other drugs for at least two years before their parents knew about it. Begin early to talk about alcohol and other drugs, and keep the lines of communication open.

Don't be afraid to admit that you don't have all the answers. Let your child know that you are concerned, and that you can work together to find answers. Some references that may help are listed on pages 41–48 of this guide.

Here are some basic hints for improving your ability to talk with your child about alcohol and other drugs:

- *Be a good listener.* Make sure your child feels comfortable bringing problems or questions to you. Listen closely to what your child says. Don't allow anger at what you hear to end the discussion. If necessary, take a 5-minute break to calm down before continuing. Take note of what your child is *not* saying, too. If the child does not tell you about problems, take the initiative and ask questions about what is going on at school or in other activities.

  Be available to discuss even sensitive subjects. Young people need to know that they can rely on their parents for accurate information about subjects that are important to them. If your child wants to discuss something at a time when you can't give it full attention, explain why you can't talk, set a time to talk later, and then carry through on it!

- *Give lots of praise.* Emphasize the things your youngster is doing right instead of always focusing on things that are wrong. When parents are quicker to praise than to criticize, children learn to feel good about themselves, and they develop the self-confidence to trust their own judgment.

- *Give clear messages.* When talking about the use of alcohol and other drugs, be sure you give your child a clear no-use message, so that the child will know exactly what is expected. For example, "In our family we don't allow the use of illegal drugs, and children are not allowed to drink."

- *Model good behavior.* Children learn by example as well as teaching. Make sure that your own actions reflect the standards of honesty, integrity, and fair play that you expect of your child.

Communication Tips

Effective communication between parents and children is not always easy to achieve. Children and adults have different communication styles and different ways of responding in a conversation. In addition, timing and atmosphere may determine how successful communication will be. Parents should make time to talk with their children in a quiet, unhurried manner. The following tips are designed to make communication more successful.

Listening

- Pay attention.
- Don't interrupt.
- Don't prepare what you will say while your child is speaking.
- Reserve judgment until your child has finished and has asked you for a response.

Looking

- Be aware of your child's facial expression and body language. Is your child nervous or uncomfortable—frowning, drumming fingers, tapping a foot, looking at the clock? Or does your child seem relaxed—smiling, looking you in the eyes? Reading these signs will help parents know how the child is feeling.
- During the conversation, acknowledge what your child is saying—move your body forward if you are sitting, touch a shoulder if you are walking, or nod your head and make eye contact.

Responding

- "I am very concerned about. . . ." or "I understand that it is sometimes difficult . . . ." are better ways to respond to your child than beginning sentences with "You should," or "If I were you," or "When I was your age we didn't. . . ." Speaking for oneself sounds thoughtful and is less likely to be considered a lecture or an automatic response.
- If your child tells you something you don't want to hear, don't ignore the statement.
- Don't offer advice in response to every statement your child makes. It is better to listen carefully to what is being said and try to understand the real feelings behind the words.
- Make sure you understand what your child means. Repeat things to your child for confirmation.

The preceding sections have outlined some general guidelines for talking with children about alcohol and other drugs. We can make these messages more effective by taking into account the knowledge youngsters already have and their readiness to learn new information at different ages.

Preschoolers

Drug education may seem unnecessary for preschoolers, but the attitudes and habits learned early can have an important bearing on the decisions children make later.

Three- and four-year-olds are not yet ready to learn complex facts about alcohol and other drugs, but they can learn the decision-making and problem-solving skills that they will need to refuse alcohol and other drugs later. Remember that children in this age group are not able to listen quietly for very long; they are more interested in doing things for themselves.

It's tempting for busy parents to do things *for* young children because it's quicker and easier. With a little planning, however, you can use the learn-by-doing approach to teach your preschooler how to make decisions. Let your child pick from a range of options that are acceptable to you. When the choice is made, make sure your child sticks with it.

Suggested Activities

- Set aside regular times when you can give your child your full attention. Playing together, reading a book, and taking a walk are special times that help to build strong bonds of trust and affection between you and your child.
- Point out to your child poisonous and harmful substances that can be found in your home. Household products such as bleach, lye, and furniture polish all have warning labels that you can read to your child. Keep all household products that could harm a small child away from the place you store foods and out of your child's reach.
- Explain how medicine can be harmful if used incorrectly. Teach your child not to take anything from a medicine bottle unless you give it to the child yourself or specify someone else who can give it, such as a babysitter or grandparent.
- Explain why children need good food and should put only good things into their bodies. Have your child name several good foods that he or she eats regularly, and explain how those foods will make your child strong and healthy.
- Provide guidelines that teach your child what kind of behavior you expect. Teach your child the basic rules of how to get along with other children: Play fair. Share toys. Tell the truth. Treat others the way you want them to treat you.
- Encourage your child to follow instructions. For example, invite your child to help you cook; following a recipe—measuring ingredients, cracking eggs, kneading dough—can help children have fun while learning about step-by-step procedures. Playing simple board games with your child can give practice in following instructions and rules.
- Take advantage of opportunities to use play as a way to help your child handle frustrating situations and solve simple problems. A tower of blocks that continuously collapses can drive a child to tears. You can offer a few suggestions to keep the tower up, but at the same time you should ask your child what he or she thinks is the best way to do it. Turning a bad situation into a success reinforces a child's self-confidence.
- To help your child learn decision making in a practical way, lay out some clothing from which the child can select what he or she wishes to wear. Don't worry if the choices don't quite match. Let your child know that you think he or she is able to make good decisions.

Kindergarten-Grade 3

Five- to nine-year-olds usually feel good about themselves. They like growing up, and they generally like school and all the new opportunities it provides. They still think and learn primarily by experience, and they don't have a good understanding of things that will happen in the future. Fact and fantasy mingle easily; the world is seen as the child wishes it to be, and not as it actually is. Children of this age need rules to guide their behavior and information to make good choices and decisions.

Discussions about alcohol and other drugs must be in the here and now, and related to people and events the child knows about. Most children are very interested in how their bodies work, so discussions should focus on maintaining good health and avoiding things that might harm the body.

Adults are very important both as teachers and as role models. Children are generally trusting, and they believe that the decisions adults make for them are right. Helping your child know whom to trust is important. They need to understand that just because someone tells them to do something, it is not always right to do it.

By the end of the third grade, your child should understand:

— what an illicit drug is, why it is illegal, what it looks like, and what harm it can do;

— how foods, poisons, medicines, and illicit drugs differ;

— how medicines may help during illness, when prescribed by a doctor and administered by a responsible adult, but also how medicines are drugs that can be harmful if misused;

— why it is important to avoid unknown and possibly dangerous objects, containers, and substances;

— which adults, both at school and outside, you want your child to rely on for answers to questions or help in an emergency;

— which foods are nutritious and why exercise is important;

— what the school and home rules are about alcohol and other drug use; and

— how using alcohol and other drugs is illegal for all children.

Suggested Activities

- Children in this age group need to understand the family's rules. You can explain the need for rules by talking about traffic safety rules and school rules with which your child is already familiar.
- Emphasize the importance of good health by talking about things people do to stay healthy, such as brushing teeth after each meal, washing hands, eating good foods, getting plenty of rest and sleep. You can use this discussion to contrast the harmful things that people do, such as taking drugs, smoking, or drinking to excess.
- Discuss how TV advertisers try to persuade children to buy their products, including high-sugar/additives-loaded cereals, candy bars, and toys named after characters in cartoon shows that children find appealing.
- Discuss illnesses with which your child is familiar and for which prescription drugs are often necessary. Many children have had strep throat, ear infections, flu, and colds. Discussing such illnesses can help your child understand the difference between medicine and illicit drugs.
- Practice ways to say no with your child. Describe situations that may make your child feel uncomfortable: being invited to ride a bike where you do not allow your child to go, for example, or being offered medicine or other unfamiliar substances. Give your child some responses to use in these situations. (See page 13.)
- Develop a "helpers" file of people your child can rely on. Put together a phone list of relatives, family friends, neighbors, teachers, religious leaders, and the police and fire departments. Illustrate the list with photos. Talk with your child about the kind of help each person on the list could provide in case of various unexpected situations, such as being approached by strangers or losing a house key.

Grades 4-6

This is a period of slowed physical growth when typically a lot of energy goes into learning. Children 10 to 12 years old love to learn facts, especially strange ones, and they want to know how things work and what sources of information are available to them.

Friends—a single best friend or a group of friends—become very important. What children this age are interested in or will be committed to often is determined by what the group thinks. Children's self-image is determined in part by the extent to which they are accepted by peers, especially popular peers. As a result, a lot of "followers" are unable to make independent decisions and choices.

This age is perhaps the most important time for parents to focus on increased efforts at drug prevention. These late elementary school years are crucial to decisions about the use of alcohol and other drugs. The greatest risk for starting to smoke comes in the sixth and seventh grades. Research shows that the earlier youngsters begin to use alcohol and other drugs, the more likely they are to have real trouble.

Teaching Your Child to Say No

Here are some steps that you can practice with your child to make it easier for the child to refuse an offer of alcohol and other drugs. Tell your child to:

- *Ask questions.* If unknown substances are offered, ask, "What is it?" and "Where did you get it?" If a party or other gathering is proposed, ask, "Who else is coming?" "Where will it be?" "Will parents be there?"
- *Say no.* Don't argue, don't discuss. Say no and show that you mean it.
- *Give reasons.* "I'm doing something else that night" or "The coach says drugs will hurt my game" are examples of some reasons that youngsters can use. Also, don't forget the oldest reason: "My parents will kill me."
- *Suggest other things to do.* If a friend is offering alcohol or other drugs, saying no is tougher. Suggesting something else to do—going to a movie, playing a game, or working together on a project—shows that drugs are being rejected, not the friend.
- *Leave.* When all these steps have been tried, get out of the situation immediately. Go home, go to class, join a group of friends, or talk to someone else.

Your child will need a clear no-use message, factual information, and strong motivation to resist pressures to try alcohol and other drugs and to reinforce the determination to remain drug free. Appropriate new information could include:

— ways to identify specific drugs, including alcohol, tobacco, marijuana, inhalants, and cocaine in their various forms;

— the long- and short-term effects and consequences of use;

— the effects of drugs on different parts of the body, and the reasons why drugs are especially dangerous for growing bodies; and

— the consequences of alcohol and other illegal drug use to the family, society, and the user.

Suggested Activities

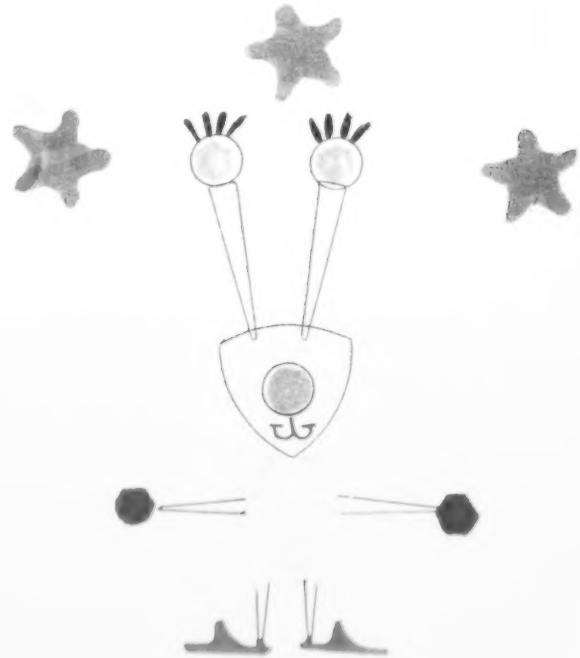
- Create special times when you are available to talk to your child. Try to give your child undivided attention. A walk together, dinner in a quiet place, or a visit to the ice cream parlor after a movie are some ways to make talking together a little easier.
- Encourage your child to participate in wholesome activities that will allow the child to form new friendships and have fun. Sports, Scouts, religious-sponsored youth programs, and community-sponsored youth organizations are excellent ways for children to meet others of their own age.
- Teach your child to be aware of how drugs and alcohol are promoted. Discuss how children are bombarded with messages—from TV, song lyrics, billboards, and advertisements—that using alcohol and other drugs is very glamorous. Clearly separate the myths from the realities of alcohol and other drug use.
- Continue to practice ways to say no with your child, emphasizing ways to refuse alcohol and other drugs. It is not uncommon for sixth graders to be offered beer and cigarettes and to know other children who smoke and drink alcohol.
- Encourage your child to join a local antidrug club or peer assistance group that encourages drug-free activities.
- Ask your child to scan the morning newspaper and to circle any article that has to do with alcohol and other drug use. No doubt there will be articles about drug-related murders, strife in other countries due to drug trafficking, and alcohol-related auto accidents. Talk with your child about the tremendous loss of lives and resources because of the use of alcohol and other drugs.
- Make friends with the parents of your child's friends so that you can reinforce one another's efforts in teaching good personal and social habits. A neighborhood social gathering, sporting event, or school assembly are good places to meet.
- Join with other parents in providing supervised activities for young people to limit "free time," which often leads to experimentation with alcohol and other drugs.

Grades 7-9

During the early teens "fitting in" with friends is a controlling influence. In some ways, the onset of puberty is like a "rebirth." Children want and need to let go of the past and to find their own unique identity. This often means letting go of old friendships and ties with teachers and other adults, as well as old ways of doing things. The decision-making and problem-solving methods that they learned as young children are still helpful, but young teens will be making new decisions based on new information and new goals.

Young people this age can begin to deal with abstractions and the future. They understand that their actions have consequences, and they know how their behavior affects others. They sometimes have a shaky self-image: they are not sure whether they are growing and changing adequately, they are often in conflict with adults, they are not sure where they are headed, and they tend to see themselves as not "okay." Strong emotional support and a good model of adult behavior are particularly important now.

Young people who use alcohol, tobacco, and other drugs typically begin before leaving the ninth grade. Be sure that family discussions about drugs emphasize the immediate, unpleasant effects of alcohol and other drug use. Telling junior high school students who are smoking



that they will get lung cancer or heart disease in several decades is less likely to make an impression than talking about bad breath, stained teeth and fingers, and burned clothing.

Many young people use drugs because their friends use drugs. A large portion of your prevention efforts during these years should be spent reinforcing your child's motivation to avoid alcohol and other drugs. Here are some important steps:

- *Counteract peer influence with parent influence.* Reinforce your no-alcohol/no-drug-use rules and expectations so that your child clearly understands that drinking and using drugs are unacceptable and illegal. Children may argue that "everyone is doing it" and not experiencing any harmful effects. Inform your child that alcohol and other drug use is illegal for children and that "everyone is not doing it." Emphasize how unpredictable the effects of alcohol and other drugs can be, so that although many drug users may appear to function properly, drug use is extremely risky, and all it takes is one bad experience to change a life.
- *Get to know your child's friends and their parents.* Meet your child's friends. Invite them to your home frequently. Share your expectations about behavior with other parents. Work together to develop a set of rules about curfews, unchaperoned parties, and other social activities.
- *Monitor your child's whereabouts.* If your child is at "a friend's house," be sure that you know the friend and the parents. If your child is at the movies, be sure you know what film is playing and at which theater. Last-minute changes in plans, such as visiting a different friend or going to a different movie, should not be permitted unless the child checks with Mom, Dad, or another designated adult.

By the end of ninth grade your child should know:

— the characteristics and chemical nature of specific drugs and drug interactions;

— the physiology of drug effects on the circulatory, respiratory, nervous, and reproductive systems;

— the stages of chemical dependency and their unpredictability from person to person;

— the ways that drug use affects activities requiring motor coordination, such as driving a car or participating in sports; and

— family history, particularly if alcoholism or other drug addiction has been a problem.

Suggested Activities

- Continue to practice ways to say no with your child. Teach your child to recognize problem situations, such as being at a house where no adults are present and young people are smoking or drinking beer. Make up situations in which your child may be asked to try alcohol and other drugs and let the child practice saying no using the steps outlined. Try many variations until you are confident that your child knows how to say no.

- Children this age are very concerned about how others see them. You can help your child develop a positive self-image by making sure that the child looks good and feels healthy. In addition to providing well-balanced meals, keep your refrigerator and pantry stocked with appealing alternatives to junk food.

- Continue to spend private time with your child to discuss what your child feels is important in his or her life right now. Your child's fears about emerging sexuality, appearing different from friends, and going on to high school are real problems and deserve your concern and attention.

- Periodically review and update, with your child's participation, your house rules and your child's responsibilities regarding chores, homework, time limit on TV watching, and the curfew on school and weekend nights. Discuss these questions with your child: Are the rules fair and the consequences appropriate? Is it time to switch to some new chores? Should there be fewer or different chores because of added homework assignments or after-school activities? Should the curfew be adjusted?

- Talk with your child about friendship. Make the point that true friends do not ask each other to do things they know are wrong and risk harm to themselves, their friends, or their families.

- Plan supervised parties or other activities for your child in your home which reflect a no-alcohol/no-drug-use rule. For example, have your child invite friends to share a pizza and watch TV.

Grades 10-12

High school students are future-oriented and can engage in abstract thinking. They have an increasingly realistic understanding of adults. Young people therefore want adults to discuss their concerns and the ways they solve problems and make decisions. You may have a tremendous new opportunity to help your children at this age. At the same time, the teenagers continue to be group-orientated, and belonging to the group motivates much of their behavior and actions. During these years, young people often develop a broader outlook and become more interested in the welfare of others.

By the end of high school, your child should understand:

— both the immediate and long-term physical effects of specific drugs;

— the possibly fatal effects of combining drugs;

— the relationship of drug use to other diseases and disabilities;

— the effects of alcohol and other drugs on the fetus during pregnancy;

— the fact that drug use is not a victimless crime;

— the effects and possible consequences of operating equipment while using alcohol and other drugs;

— the impact that drug use has on society; and

— the extent of community intervention resources.

You may want to focus on the potential long-term effects of alcohol and other drugs during these years: drugs can ruin your teen's chances of getting into college, being accepted by the military, or being hired for certain jobs. Your teen may also be impressed by the importance of serving as a good role model for a younger brother or sister.

Although young people long for independence, it is particularly important to keep them involved in the family and family activities. They should join the rest of the family for dinner regularly, be part of family vacations, and remain part of family routines.

Suggested Activities

- Continue to talk with your teenager about alcohol and other drug use. Chances are your teen has friends who use alcohol and other drugs or knows people who do. Talk about how alcohol and other drug use threatens lives and may limit opportunities for the future.
- Plan strategies to limit your teen's unsupervised hours at home, while you are at work. Researchers have found that lunchtime and 3:00–6:00 p.m. are periods teenagers are likely to experiment with alcohol and other drugs.
- Encourage your teenager to work on behalf of a drug prevention program by being trained as a volunteer to answer hot-line calls or as a peer counselor.
- Talk with your teenager about joining a sports club, drama club, arts and crafts center, or dance studio or about volunteering to work for a church group or community organization. The busier your teenager is, the less likely he or she is to be bored and to seek an outlet in alcohol or other drugs. Volunteer with your teenager, if you have time.
- Plan alcohol- and drug-free activities with other families during school vacations and major holidays, which can be high-risk idle times for teens.
- Make sure your teen has access to up-to-date information on alcohol and other drugs and their effects. Make an effort to be informed about any new drugs that are popular, and know their effects. (For suggested reading, see the resources section at the end of this booklet.)
- Cooperate with other parents to make sure that the parties and social events your teenager attends are alcohol- and drug-free. Some families choose to draw up a contract holding adults responsible for parties given in their homes; the contract specifies that all parties will be supervised and that there is to be no use of alcohol or other drugs. (See "Safe Homes" in the resource section.)
- Help plan community-sponsored drug-free activities such as alcohol- and drug-free dances and other recreational activities such as "midnight basketball."
- Talk with your teenager about the future. Discuss your expectations and your teenager's ambitions. Collect college or vocational catalogs for your teenager, and discuss different educational and career options. Plan a family outing to local colleges and universities.

Young people use drugs for many reasons that have to do with how they feel about themselves, how they get along with others, and how they live. No one factor determines who will use drugs and who will not, but here are some predictors:

- low grades or poor school performance;
- aggressive, rebellious behavior;
- excessive influence by peers;
- lack of parental support and guidance; and
- behavior problems at an early age.

Being alert to the signs of alcohol and other drug use requires a keen eye. It is sometimes hard to know the difference between normal teenage behavior and behavior caused by drugs. Changes that are extreme or that last for more than a few days may signal drug use.

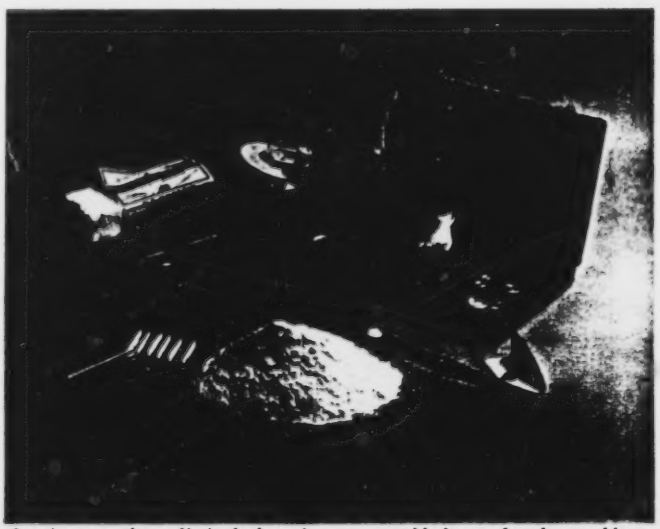
Consider the following questions:

- Does your child seem withdrawn, depressed, tired, and careless about personal grooming?
- Has your child become hostile and uncooperative?
- Have your child's relationships with other family members deteriorated?
- Has your child dropped his old friends?

Two types of homemade crack pipes.

- Is your child no longer doing well in school—grades slipping, attendance irregular?
- Has your child lost interest in hobbies, sports, and other favorite activities?
- Have your child's eating or sleeping patterns changed?

Positive answers to any of these questions can indicate alcohol or other drug use. However, these signs may also apply to a child who is not using drugs but who may be having other problems at school or in the family. If you are in doubt, get help. Have your family doctor or local clinic examine your child to rule out illness or other physical problems.



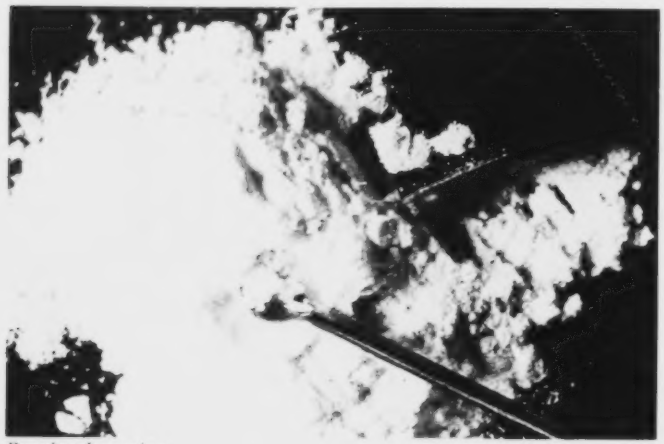
Cocaine paraphernalia includes mirrors, razor blades, and scales used by drug dealers.

Watch for signs of drugs and drug paraphernalia as well. Possession of common items such as pipes, rolling papers, small medicine bottles, eye drops, or butane lighters may signal that your child is using drugs.

Even when the signs are clearer, usually after the child has been using drugs for a time, parents sometimes do not want to admit that their child could have a problem. Anger, resentment, guilt, and a sense of failure as parents are common reactions.

If your child is using drugs, it is important to avoid blaming yourself for the problem and to get whatever help is needed to stop it. The earlier a drug problem is detected and faced, the more likely it is that your child can be helped.

Marijuana paraphernalia includes rolling papers, clips, and pipes.



Powdered cocaine.

First, do not confront a child who is under the influence of alcohol or other drugs, but wait until the child is sober. Then discuss your suspicions with your child calmly and objectively. Bring in other members of the family to help, if necessary.

Second, impose whatever discipline your family has decided on for violating the rules and stick to it. Don't relent because the youngster promises never to do it again.

Many young people lie about their alcohol and drug use. If you think your child is not being truthful and the evidence is pretty strong, you may wish to have your child evaluated by a health professional experienced in diagnosing adolescents with alcohol- and drug-related problems.

If your child has developed a pattern of drug use or has engaged in heavy use, you will probably need help to intervene. If you do not know about drug treatment programs in your area, call your doctor, local hospital, or county mental health society for a referral. Your school district should have a substance abuse coordinator or a counselor who can refer you to treatment programs, too. Parents whose children have been through treatment programs can also provide information.

The most promising drug prevention programs are those in which parents, students, schools, and communities join together to send a firm, clear message that the use of alcohol and other drugs will not be tolerated.

School-Parent Cooperation

The development of strong policies that spell out rules governing use, possession, and sale of alcohol and other drugs is a key part of any school-based prevention program. Learn what your school's policies are and actively support them. If your school has no policy, work with teachers, administrators, and community members to develop one. Good school policies typically specify what constitutes an alcohol or other drug offense, spell out the consequences for violating the policy, describe procedures for handling violations, and build community support for the policy.

Visit your child's school and learn how drug education is being taught. Are the faculty members trained to teach about alcohol and other drug use? Is drug education a regular part of the curriculum or limited to a special week? Is it taught through the health class, or do all teachers incorporate drug education into their subject area? Do children in every grade receive drug education, or is it limited to selected grades? Is there a component for parents?

If your school has an active program to prevent drug use, ask to see the materials that are being

used. Do they contain a clear message that alcohol and other drug use is wrong and harmful? Is the information accurate and up-to-date? Does the school have referral sources for students who need special help?

Let other parents know about the school's policies through meetings of the parent-teacher organization. At least one meeting each year should be devoted to issues of alcohol and other drug use. Knowledgeable local physicians and pharmacists can be invited to discuss how drugs affect the growth and development of children, police officers can outline the scope and severity of the drug problem in your community, and substance abuse counselors can discuss symptoms of alcohol and other drug use and treatment options.

Parent-Community Activities

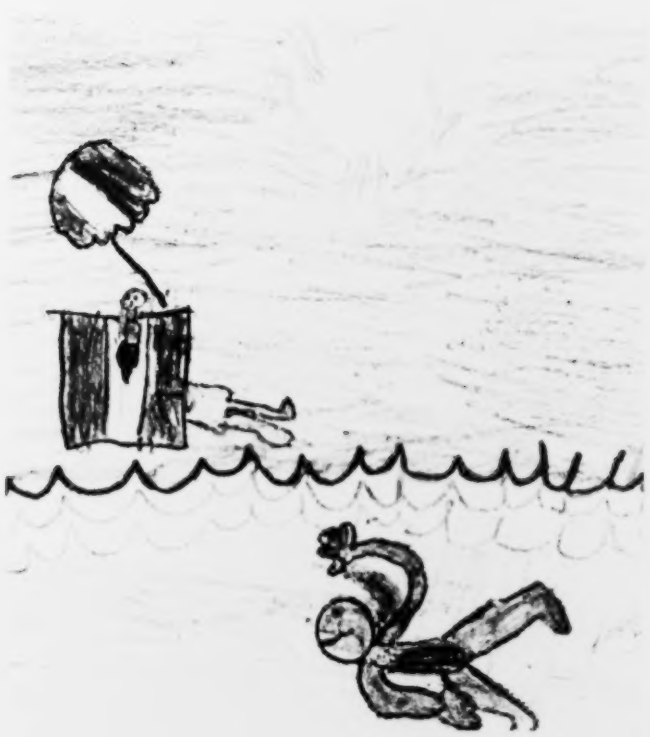
Help your child to grow up alcohol and drug free by supporting community efforts to give young people healthy alternatives. Alcohol- and drug-free proms and other school-based celebrations are growing in popularity around the country. You can help to organize such events, solicit contributions, and serve as a chaperon.

Local businesses are also an excellent source of support for alternative activities such as athletic teams and part-time jobs. Shops and restaurants in one community in Texas, for example, now offer discounts to young people who test negative for drugs in a voluntary urinalysis.

Parent Support Groups

Other parents can be valuable allies in your effort to keep your child drug free. Get to know the parents of your child's friends. Share expectations about behavior and develop a set of mutually agreed upon rules about such things as curfews, unchaperoned parties, and places that are off-limits. Helping youngsters stay out of trouble is easier when rules of conduct are clearly known and widely shared.

Build a network of other adults with whom you can talk. Join a parent organization in your community, or talk informally with your friends about common concerns in rearing children. Sharing experiences can provide insights that help you deal with your child's behavior. It also helps to know that other parents have faced similar situations.



Despite the grim stories that fill our newspapers and dominate the evening news, most young people do not use illicit drugs, they do not approve of drug use by their friends, and they share their parents' concern about the dangers posed by drugs.

Successful prevention efforts, whether in a family, school, or community setting, have many elements in common: a concern for the welfare and well-being of young people, dedicated adults who are willing to devote their time and energy, and an unwavering commitment to being drug free.

That commitment led a small group of parents in Bowling Green, Kentucky, to form Bowling Green Parents for Drug-Free Youth. The organization has worked closely with the local schools and community to provide training and education for all members of the community, and it has raised more than $35,000 to help finance its efforts. Questionnaires administered to students in grades 7-12 for 6 consecutive years have shown a steady decline in the use of alcohol and other drugs.

Gail Amato, president of the Bowling Green Parents for Drug-Free Youth, speaks persuasively about why parents must be involved in helping to prevent alcohol and other drug use:

People often ask me why I think parents are the answer, and I think it's because we have the most to lose. Schools can help, churches can help, law enforce-

ment can help, but no one can replace the family. Being involved with drug and alcohol prevention lets our children know that we care. It strengthens the family and helps us to be the kind of parents our children need us to be.

A similar commitment leads parents of students in Commodore Stockton Skills School in Stockton, California, to donate more than 400 volunteer hours each month helping in the classrooms. Last year a family picnic held during Red Ribbon Week, a national drug awareness week, drew 500 participants for a day of games and activities focused on prevention of drug use.

In addition to helping in the classroom, Stockton parents work to maintain discipline, to reinforce students' respect for other people, and to foster personal responsibility at home.

As a result, behavioral problems in the school are infrequent, attendance is high, and area police report juvenile drug arrests from every school in the city *except* Commodore Stockton.

Successful efforts to rid a neighborhood of drugs are often joint efforts. Two years ago in New Haven, Connecticut, the residents of six housing projects joined forces to solve a neighborhood problem—drugs. The residents were afraid for the safety of their children and sick of the murders and other nightly violence related to drug deals.

Representing more than 1,400 families from the six projects, the group drafted an action plan to rid the neighborhood of drugs. The residents asked the local police to conduct "sting" operations periodically. Members of the New Haven news media have been invited to the project, where residents speak openly about the problems they encounter. The residents have invited local community groups and the Greater New Haven Labor Council to join in the fight. In addition, the mayor has become directly involved in their struggle.

One member, speaking on behalf of the residents, stated its main objective: "We are banding together to stop this madness so that we can have a peaceful and livable neighborhood and community." Today, drug sales have decreased, and members of the community feel safer and more hopeful about the future.

Alcohol

Alcohol consumption causes a number of changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely. Low to moderate doses of alcohol can increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death.

Continued use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Long-term effects of consuming large quantities of alcohol, especially when combined with poor nutrition, can lead to permanent damage to vital organs such as the brain and the liver. In addition, mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants may suffer from mental retardation and other irreversible physical abnormalities. In addition, research indicates that children of alcoholic parents are at greater risk than other children of becoming alcoholics.

Tobacco

The smoking of tobacco products is the chief avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease—some 170,000 die each year from smoking-related coronary heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Some 30 percent of cancer deaths (130,000 per year) are linked to smoking. Chronic, obstructive lung diseases such as emphysema and chronic bronchitis are 10 times more likely to occur among smokers than among nonsmokers.

Smoking during pregnancy also poses serious risks. Spontaneous abortion, preterm birth, low birth weights, and fetal and infant deaths are all more likely to occur when the pregnant woman is a smoker.

Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Perhaps the most dangerous substance in tobacco smoke is nicotine. Nicotine is the substance that reinforces and strengthens the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. Of 1,000 typical smokers, fewer than 20 percent succeed in stopping on the first try.

Cannabis

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke. Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

Type	*What is it called?*	*What does it look like?*	*How is it used?*
Marijuana	Pot, Reefer, Grass, Weed, Dope, Ganja, Mary Jane, or Sinsemilla	Like dried parsley, with stems and/or seeds; rolled into cigarettes	Smoked or eaten
Tetrahydrocannabinol	THC	Soft gelatin capsules	Taken orally
Hashish	Hash	Brown or black cakes or balls	Smoked or eaten
Hashish Oil	Hash Oil	Concentrated syrupy liquid varying in color from clear to black	Smoked—mixed with tobacco

Inhalants

The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

Type	*What is it called?*	*What does it look like?*	*How is it used?*
Nitrous Oxide	Laughing gas or Whippets	Small 8-gram metal cylinder sold with a balloon or pipe propellant for whipped cream in aerosol spray can	Vapors inhaled
Amyl Nitrite	Poppers or Snappers	Clear yellowish liquid in ampules	Vapors inhaled
Butyl Nitrite	Rush, Bolt, Bullet, Locker Room, and Climax	In small bottles	Vapors inhaled
Chlorohydrocarbons	Aerosol sprays or cleaning fluids	Aerosol paint cans	Vapors inhaled
Hydrocarbons	Solvents	Cans of aerosol propellants, gasoline, glue, paint thinner	Vapors inhaled

Cocaine

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizure. The use of cocaine can cause death by cardiac arrest or respiratory failure.

Type	*What is it called?*	*What does it look like?*	*How is it used?*
Cocaine	Coke, Snow, Nose candy, Flake, Blow, Big C, Lady, White, and Snowbirds	White crystalline powder	Inhaled, injected
Crack cocaine	Crack, rock, freebase	White to tan pellets or crystalline rocks that look like soap	Smoked

Other Stimulants

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Type	*What is it called?*	*What does it look like?*	*How is it used?*
Amphetamines	Speed, Uppers, Ups, Black beauties, Pep pills, Copilots, Bumblebees, Hearts, Benzedrine, Dexedrine, Footballs, and Biphetamine	Capsules, pills, tablets	Taken orally, injected, inhaled
Methamphetamines	Crank, Crystal meth, Crystal methedrine, and Speed	White powder, pills, rock that resembles a block of paraffin	Taken orally, injected, inhaled
Additional Stimulants	Ritalin, Cylert, Preludin, Didrex, Pre-State, Voranil, Sandrex, and Plegine	Pills or capsules	Taken orally, injected

Depressants

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, increasing the risks.

Regular use of depressants over time can result in physical and psychological addiction. People who suddenly stop taking large doses can experience withdrawal symptoms, including anxiety, insomnia, tremors, delirium, convulsions, and death. Babies born to mothers who abuse depressants may also be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Type	*What is it called?*	*What does it look like?*	*How is it used?*
Barbiturates	Downers, Barbs, Blue Devils, Red Devils, Yellow Jacket, Yellows, Nembutal, Tuinals, Seconal, and Amytal	Red, yellow, blue, or red and blue capsules	Taken orally
Methaqualone	Quaaludes, Ludes, Sopors	Tablets	Taken orally
Tranquilizers	Valium, Librium, Miltown, Serax, Equanil, Miltown, and Tranxene	Tablets or capsules	Taken orally

Hallucinogens

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries. The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations. Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even when use has ceased.

Type	*What is it called?*	*What does it look like?*	*How is it used?*
Phencyclidine	PCP, Hog, Angel Dust, Loveboat, Lovely, Killer Weed	Liquid, white crystalline powder, pills, capsules	Taken orally, injected, smoked (sprayed on joints or cigarettes)
Lysergic acid diethylamide	LSD, Acid, Microdot, White lightning, Blue heaven, and Sugar cubes	Colored tablets, blotter paper, clear liquid, thin squares of gelatin	Taken orally, licked off paper, gelatin and liquid can be put in the eyes
Mescaline and Peyote	Mesc, Buttons, and Cactus	Hard brown discs, tablets, capsules	Discs—chewed, swallowed, or smoked Tablets and capsules—taken orally
Psilocybin	Magic Mushrooms, 'shrooms,	Fresh or dried mushrooms	Chewed and swallowed

Narcotics

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Type	*What is it called?*	*What does it look like?*	*How is it used?*
Heroin	Smack, Horse, Mud, Brown sugar, junk, black tar, and Big H	White to dark-brown powder or tarlike substance	Injected, smoked, or inhaled
Codeine	Empirin compound with codeine, Tylenol with codeine, Codeine in cough medicine	Dark liquid varying in thickness, capsules, tablets	Taken orally, injected
Morphine	Pectoral syrup	White crystals, hypodermic tablets, or injectable solutions	Taken orally, injected, or smoked
Opium	Paregoric, Dover's powder, Parepectolin	Dark brown chunks, powder	Smoked, eaten, or injected
Meperidine	Pethidine, Demerol, Mepergan	White powder, solution, tablets	Taken orally, injected
Other narcotics	Percocet, Percodan, Tussionex, Fentanyl, Darvon, Talwin, and Lomotil	Tablets or capsules	Taken orally, injected

Designer Drugs

Illegal drugs are defined in the terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Type	*What is it called?*	*What does it look like?*	*How is it used?*
Analog of Fentanyl (Narcotic)	Synthetic heroin, China white	White powder	Inhaled, injected
Analog of Meperidine (Narcotic)	MPTP (New heroin), MPPP, synthetic heroin	White powder	Inhaled, injected
Analog of Amphetamines or Methamphetamines (Hallucinogens)	MDMA (Ecstasy, XTC, Adam, Essence), MDM, STP, PMA, 2, 5-DMA, TMA, DOM, DOB, EVE	White powder, tablets, or capsules	Taken orally, injected, or inhaled
Analog of Phencyclidine (PCP)	PCPy, PCE	White powder	Taken orally, injected, or smoked

Anabolic Steroids

Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in the 1930's, steroids are seldom prescribed by physicians today. Current legitimate medical uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior known as "roid rage" and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

Signs of steroid use include quick weight and muscle gains (when used in a weight training program); aggressiveness and combativeness; jaundice; purple or red spots on the body; swelling of feet and lower legs; trembling; unexplained darkening of the skin; and persistent unpleasant breath odor.

The Department of Education does not endorse any private or commercial products or services, or products or services not affiliated with the Federal Government. The sources of information listed on this and the following pages are intended only as a partial listing of the resources that are available to readers of this booklet. Readers are encouraged to research and inform themselves of the products or services, relating to drug and alcohol abuse, that are available to them.

Where to Get Information and Help

Many hospitals, community colleges, and other organizations offer classes for parents that are designed to improve communication and understanding between parents and children. Consult your local library, school, or community service organization for more information.

Action. Through its Drug Alliance, the Federal Domestic Volunteer Agency promotes community-based, volunteer drug use prevention projects for at-risk youth and the elderly. (See your telephone Blue Pages.)

Alcoholics Anonymous. This organization is a fellowship of men and women who share their experiences to solve a common problem (alcoholism) and to help other alcoholics achieve sobriety. The organization is worldwide. (See your telephone White Pages.)

Al-Anon Family Group Headquarters. Al-Anon was established as a resource for family members and friends of alcoholics. It is a free, nonprofessional, worldwide organization with more than 30,000 groups. (See your telephone White Pages.)

American Council for Drug Education. This organization provides information on drug use, develops media campaigns, reviews scientific findings, publishes books and a newsletter, and offers films and curriculum materials for preteens. 204 Monroe Street, Rockville, MD 20850. Telephone (301) 294-0600.

Chemical People Project. The project supplies information in the form of tapes, literature, and seminars. The Public Television Outreach Alliance, c/o WQED-TV, 4802 Fifth Avenue, Pittsburgh, PA 15213. Telephone (412) 391-0900.

Families Anonymous, Inc. This worldwide organization offers a 12-step, self-help program for families and friends of people with behavioral problems usually associated with drug abuse. The organization is similar in structure to Alcoholics Anonymous. P.O. Box 528, Van Nuys, CA 91408. Telephone (818) 989-7841.

Families in Action National Drug Information Center. This organization publishes *Drug Abuse Update*, a quarterly journal of news and information for persons interested in drug prevention. $25 for four issues. 2296 Henderson Mill Road, Suite 204, Atlanta, GA 30345. Telephone (404) 934-6364.

Hazelden Foundation. This foundation distributes educational materials and self-help literature for participants in 12-step recovery programs and for the professionals who work in the field. Pleasant Valley Road, Box 176, Center City, MN 55012-0176. Telephone (800) 328-9000.

Institute on Black Chemical Abuse. This institute provides training and technical assistance to programs that want to serve African-American/black clients and others of color more effectively. 2614 Nicollet Avenue, Minneapolis, MN 55408. Telephone (612) 871-7878.

"Just Say No" Clubs. These clubs provide support and positive peer reinforcement to youngsters through workshops, seminars, newsletters, and a variety of activities. 1777 North California Boulevard, Suite 200, Walnut Creek, CA 94596. Telephone 1-800-258-2766/(415) 939-6666.

Nar-Anon Family Group Headquarters. This organization operates in a manner similar to Al-Anon and supports people who have friends or family members with drug problems. World Service Office, P.O. Box 2562, Palos Verdes Peninsula, CA 90274. Telephone (213) 547-5800.

Narcotics Anonymous. Similar to Alcoholics Anonymous, this program is a fellowship of men and women who meet to help one another with their drug dependency problems. World Service Office, P.O. Box 9999, Van Nuys, CA 91409. Telephone (818) 780-3951.

National Clearinghouse for Alcohol and Drug Information (NCADI). NCADI is a resource for alcohol and other drug information. It carries a wide variety of publications dealing with alcohol and other drug abuse. Box 2345, Rockville, MD 20852. Telephone (301) 468-2600.

National Council on Alcoholism, Inc. This national voluntary health agency provides information about alcoholism and alcohol problems through more than 300 local affiliates. 12 West 21st Street, New York, NY 10010. Telephone (212) 206-6770.

National Crime Prevention Council. This organization works to prevent crime and drug use in many ways, including developing materials (audio visual, reproducible brochures, and other publications) for parents and children. 1700 K Street, N.W., Washington, D.C. 20006. Telephone (202) 466-NCPC.

National Federation of Parents for Drug-Free Youth, Inc. This organization sponsors the National Red Ribbon Campaign to reduce the demand for drugs and the Responsible Educated Adolescents Can Help (REACH) program designed to educate junior and senior high school students about drug abuse. Communications Center, 1423 North Jefferson, Springfield, MO 65802. Telephone (417) 836-3709.

National PTA Drug and Alcohol Abuse Prevention Project. Offers kits, brochures, posters, and other publications on alcohol and other drugs for parents, teachers, and PTA organizations. 700 North Rush Street, Chicago, IL 60611. Telephone (312) 577-4500.

Safe Homes. This national organization encourages parents to sign a contract stipulating that when parties are held in one another's homes they will adhere to a strict no-alcohol/no-drug-use rule. P.O. Box 702, Livingston, NJ 07039.

Toughlove. This national self-help group for parents, children, and communities emphasizes cooperation, personal initiative, and action. It publishes a newsletter, brochures, and books, and it holds workshops. P.O. Box 1069, Doylestown, PA 18901. Telephone 1-800-333-1069/(215) 348-7090.

Toll-Free Information

1-800-COCAINE—A COCAINE HELPLINE

A round-the-clock information and referral service. Recovering cocaine-addict counselors answer the phones, offer guidance, and refer drug users and parents to local public and private treatment centers and family learning centers.

1-800-NCA-CALL—NATIONAL COUNCIL ON ALCOHOLISM INFORMATION LINE

The National Council on Alcoholism, Inc., is a national nonprofit organization that combats alcoholism, other drug addictions, and related problems. The council also provides referral services to families and individuals seeking help with alcoholism or other drug problems.

1-800-241-7946—PRIDE DRUG INFORMATION HOTLINE

A national resource and information center, Parents' Resource Institute for Drug Education (PRIDE) refers concerned parents to parent groups in their state or local area; gives information on how parents can form a group in their community; provides telephone consultation and referrals to emergency health centers; and maintains a series of drug information tapes that callers can listen to, free of charge, by calling after 5:00 p.m.

1-800-622-HELP NIDA HOTLINE

NIDA Hotline is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community. Free materials on drug abuse are also distributed in response to inquiries.

General Reading List for Parents

Drug-Free Kids: A Parents' Guide, 1986. Scott Newman Center, 6255 Sunset Blvd., Suite 1906, Los Angeles, CA 90028. Available in English and in Spanish. $6.50 plus tax for the English-language version.

Kids and Drugs: A Handbook for Parents and Professionals, by Joyce Tobias, 1987. PANDAA Press, 4111 Watkins Trail, Annandale, VA 22003. $6.90.

Peer Pressure Reversal, by Sharon Scott, 1985, reprinted 1988. Human Resource Development Press, 22 Amherst Road, Amherst, MA 01002. $9.95.

Pot Safari, by Peggy Mann, 1982, reprinted 1987. Woodmere Press, Cathedral Finance Station, P.O. Box 20190, New York, NY 10125. $6.95.

Preparing for the Drug-Free Years: A Family Activity Book, by J. David Hawkins, et al., 1988. Developmental Research and Programs, Box 85746, Seattle, WA 98145. $10.95.

Team Up for Drug Prevention with America's Young Athletes, Drug Enforcement Administration, Demand Reduction Section, 1405 I Street, N.W., Washington, DC 20537. Free.

Ten Steps To Help Your Child Say "No": A Parent's Guide, 1986. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Free.

The Fact Is...Hispanic Parents Can Help Their Children Avoid Alcohol and Other Drug Problems, 1989. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Free.

The Fact Is...You Can Prevent Alcohol and Other Drug Problems Among Elementary School Children, 1988. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Free.

The Fact Is...You Can Help Prevent Alcohol and Other Drug Use Among Secondary School Students, 1989. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20252. Free.

Young Children and Drugs: What Parents Can Do, 1987. The Wisconsin Clearinghouse, 1954 E. Washington Avenue, Madison, WI 53704. $6.00 per 100 brochures.

What Works: Schools Without Drugs, U.S. Department of Education, 1986, revised in 1989. National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, MD 20852. Free.

General Reading List for Elementary School Children

A Little More About Alcohol, 1984. Alcohol Research Information Service, 1120 East Oakland Avenue, Lansing, MI 48906. $0.75. A cartoon character explains facts about alcohol and its effects on the body.

Alcohol: What It Is, What It Does, by Judith S. Seixas, 1977. Greenwillow Books, 105 Madison Avenue, New York, NY 10016. $5.95. An easy-to-read illustrated primer on the use and abuse of alcohol.

An Elephant in the Living Room: The Children's Book, by Marion H. Hyppo and Jill M. Hastings, 1984. CompCare Publications, Box 27777, Minneapolis, MN 55427. $6.00. An illustrated workbook designed to help children from alcoholic homes understand that alcoholism is a disease and that they are not alone in coping with its effects.

Buzzy's Rebound, by William Cosby and Jim Willoughby, 1986. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852. Free. An 18-page "Fat Albert" comic book that describes the pressure on a new kid in town to drink.

Kids and Alcohol: Get High On Life, by Jamie Rattray et al., 1984. Health Communications, Inc. 1721 Blount Road, Suite 1, Pompano Beach, FL 33069. $5.95. A workbook designed to help children (ages 11-14) make important decisions in their lives and feel good about themselves.

Kootch Talks About Alcoholism, by Mary Kay Schwandt, 1984. Serenity Work, 1455 North University Drive, Fargo, ND 58102. $3.00. A 40-page coloring book in which Kootch the worm helps young children understand alcoholism and alcoholics.

The Sad Story of Mary Wanna or How Marijuana Harms You, by Peggy Mann, illustrated by Naomi Lind, 1988. Woodmere Press, P.O. Box 20190, Cathedral Finance Station, New York, NY 10025. $2.95. A 40-page activity book for children in grades 1-4 that contains pictures of the damage that marijuana does to the body.

Whiskers Says No to Drugs, 1987. Weekly Reader Skills Books, Field Publications, 245 Long Hill Road, Middletown, CT 06457. $1.50. This book contains stories and follow-up activities for students in grades 2 and 3 to provide information and form attitudes before they face peer pressure to experiment.

General Reading List for Secondary School Children

About Teens and Drugs, 1987. Channing L. Bete Co., South Deerfield, MA 01373. Free. A 15-page booklet providing an overview of the dangers of drug use and healthy alternative activities targeted at senior high school students.

Chew or Snuff Is Real Bad Stuff. National Cancer Institute, U.S. Department of Health and Human Services Building 31, Room 10A24, Bethesda, MD 20892. Free. This 8-page pamphlet describes the hazards of using smokeless tobacco.

Christy's Chance, 1987. Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830. $3.95. A story geared to younger teens that allows the reader to make a nonuse decision about marijuana.

Different Like Me: A Book for Teens Who Worry About Their Parents' Use of Alcohol/Drugs, 1987. Johnson Institute, 7151 Metro Boulevard, Minneapolis, MN 55435. $6.95. This 110-page book provides support and information for teens who are concerned, confused, scared, and angry because their parents abuse alcohol and other drugs.

Don't Lose a Friend to Drugs, 1986. National Crime Prevention Council, 1700 K Street, N.W., 2d Floor, Washington, DC 20006. Free. This brochure offers practical advice to teenagers on how to say "no" to drugs, how to help a friend who uses drugs, and how to initiate community efforts to prevent drug use.

Videos

A Gift for Life: Helping Your Children Stay Alcohol and Drug Free, 1989. American Council on Drug Education, 204 Monroe Street, Suite 110, Rockville, MD 20850. $29.95.

Drug-Free Kids: A Parent's Guide, 1986. Scott Newman Center, 6255 Sunset Blvd., Suite 1906, Los Angeles, CA 90028. $32.50

Say NO! to Drugs: A Parent's Guide to Teaching Your Kids How To Grow Up Without Drugs and Alcohol, 1986. PRIDE, The Hurt Building, 50 Hurt Plaza, Suite 210, Atlanta, GA 30303. Order No. F008S, $25.95.

What Parents Can Do

California Department of Justice. *Drugs and Youth: An Information Guide for Parents and Educators.* Produced by the Crime Prevention Center of the Office of the Attorney General and the Bureau of Narcotic Enforcement, 1988.

Fraser, Mark W., J. David Hawkins and Matthew O. Howard. "Parent Training for Delinquency Prevention," in *Parent Training and Prevention Approaches.* New York: Haworth Press, 1988.

Johnston, Lloyd D., Jerald G. Bachman, and Patrick M. O'Malley. *Monitoring the Future: Questionnaire Responses from the Nation's High School Seniors.* Ann Arbor, MI: University of Michigan, Institute for Social Research, 1988.

McKay, Gordon D. "Parents as Role Models" in *Parenting as Prevention: Preventing Alcohol and Other Drug Use Problems in the Family.* U.S. Department of Health and Human Services, Office of Substance Abuse and Prevention, 1989.

Novello, Joseph R. *Raising Kids American Style.* New York: A & W Publishers Inc., 1981.

Stern, Alvera. "Parents as Educators" in *Parenting as Prevention: Preventing Alcohol and Other Drug Use Problems in the Family.* U.S. Department

of Health and Human Services, Office of Substance Abuse Prevention, 1989.

U.S. Department of Health and Human Services. *Illicit Drug Use, Smoking, and Drinking by America's High School Students, College Students, and Young Adults, 1975-1987*. Alcohol, Drug Abuse, and Mental Health Administration, 1988.

U.S. Department of Health and Human Services. Press release on the 1988 National Household Survey on Drug Abuse. National Institute on Drug Abuse, July 31, 1989.

Youcha, Geraldine, and Judith S. Seixas. *Drugs, Alcohol, and Your Children: How to Keep Your Family Substance-Free*. New York: Crown Publishers, 1989.

Applying the Principles

Ames, Louise Bates, and Frances L. Ilg. *Your Four-Year Old: Wild and Wonderful*. (Gesell Institute of Child Development) New York: Delacorte Press, 1976.

Ames, Louise Bates, and Frances L. Ilg. *Your Three-Year Old: Friend or Enemy?* (Gesell Institute of Child Development) New York: Delacorte Press, 1976.

Briggs, Dorothy C. *Your Child's Self-Esteem*. New York: Doubleday, 1975.

Garner, Alan. *It's O.K. to Say No to Drugs: A Parent/Child Manual for the Protection of Children*. New York: Tom Doherty Associates, 1987.

Kantrowitz, Barbara, and Wingert, Pat. "How Kids Learn," *Newsweek* 103, no. 16 (April 17, 1989): pp. 50-57.

Perkins, W. M., and N. McMurtrie-Perkins. *Raising Drug-Free Kids in a Drug-Filled World*. Center City, MN: Hazelden, 1986.

Rich, Dorothy. *MegaSkills: How Families Can Help Children Succeed in School and Beyond*. Boston: Houghton Mifflin, 1988.

Scott, Sharon. *PPR: Peer Pressure Reversal*. Amherst, MA: Human Resource Development Press, Inc., 1985.

U.S. Department of Education. *Drug Prevention Curricula: A Guide to Selection and Implementation*. Office of Educational Research and Improvement, 1988.

What to Do If Your Child Is Using Drugs

Dryfoos, J. D. "Youth At Risk: One in Four in Jeopardy." Unpublished report submitted to the Carnegie Corporation, 1987.

Hawkins, J. David, et al. *Childhood Predictors of Adolescent Substance Abuse: Toward an Empirically Grounded Theory*. New York: Haworth Press, 1986.

Kumpfer, K. L. *Youth at High Risk for Substance Abuse.* Rockville, MD: U.S. Department of Health and Human Services, National Institute on Drug Abuse, 1987. (ADM 87-1537).

Newcomb, M. B., and P. M. Bentler. *Consequences of Adolescent Drug Use.* Newbury Park, CA: Sage Publications, Inc., 1988.

U.S. Department of Health and Human Services. *Questions and Answers: Teenage Alcohol Use and Abuse.* National Institute on Alcohol Abuse and Alcoholism, 1983.

Werner, E. E., and R. S. Smith. *Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth.* New York: McGraw-Hill, 1982.

Specific Drugs and Their Effects

Petersen, Robert C. *Childhood and Adolescent Drug Abuse: A Physician's Guide to Office Practice.* New York: The American Council for Drug Education, 1987.

U.S. Department of Education. *What Works: Schools Without Drugs.* 1989.

U.S. Department of Health and Human Services. *Sixth Annual Report to the U.S. Congress on Alcohol and Health.* Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1987.

U.S. Department of Justice. *Drugs of Abuse.* Drug Enforcement Administration, 1988.

Acknowledgments

The U.S. Department of Education wishes to thank the following persons who provided comments on this publication:

Owen S. Bubel, Ph.D., Developmental and Psychological Services Associates

Lee Dogoloff, American Council on Drug Education

Charles Flatter, Ph.D., University of Maryland

J. David Hawkins, Ph.D., University of Washington

Elizabeth Karnes, National Commission on Drug-Free Schools

Michael Klitzner, Ph.D., Pacific Institute for Research and Evaluation

Elizabeth S. McConnell, U.S. Attorney's Office, Tampa, FL

Anne Meyer, National Federation of Parents for Drug-Free Youth

Cindi Moats, University of California, Irvine

Nelia Nadal, National Clearinghouse for Alcohol and Drug Information

Katherine Powell, Alice Ferguson Foundation

Leo T. Powell, Powell and Associates

John Rosiak, National Crime Prevention Council

Sue Ruche, Families in Action

Mel Segal, Office for Substance Abuse Prevention, Department of Health and Human Services

Nancy Simpson, Office for Substance Abuse Prevention, Department of Health and Human Services

Joyce Tobias, PANDAA

John Van Schoonhoven, Greenbelt Center Elementary School

Manya Unger, National Parent-Teacher Association

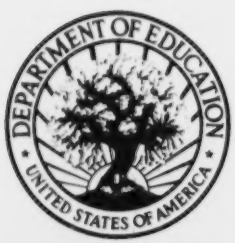
* * *

The following employees of the U.S. Department of Education helped prepare this volume:

Mahlon Anderson
Randolph A. Beales
Chino Chapa
Judith Cherrington
Maura Daly
Charlotte Dalton Gillespie
Alan Ginsburg
Dick W. Hays
Jean Klinge
David Nohara
Kimmon Richards
Loretta Riggans
Deborah Rudy
Ricky Takai
Barbara Vespucci

To order additional copies of this guide free of charge, please call the Department of Education's toll-free number:
1-800-624-0100
in the Washington, DC, area, call 732-3627.

Or send your name and address to
Growing Up Drug Free
Pueblo, CO 81009
or to the
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852



U. S. DEPARTMENT OF EDUCATION
WASHINGTON, DC